SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
GROSS RECEIPTS TAX FUND ASSESSMENT
For the Calendar Year ending December 31, 2025

(Independent, Cooperative, Municipal, AOS, Reseller, Cellular, Radio Common Carrier)

Name of Company & DBA_____

Contact Name & Phone No_____

Address of Company_____

Contact Person's Email Address _____

Web Address of Company _____

Tax ID #_____-_____

	2025 Revenues
* Total South Dakota Intrastate Revenue	

*Revenues include Wholesale and Retail Sales.

Select Revenues below that are included in your Intrastate Revenue number:
PLEASE CHECK ALL THAT APPLY. UNCHECKED FORMS WILL BE RETURNED FOR COMPLETION.

- ☐ Monthly Recurring charges and usage charges associated with intrastate voice services
- ☐ Usage charges associated with directory assistance services
- ☐ Activation fees
- ☐ End user roaming charges
- ☐ Intrastate toll charges
- ☐ Monthly recurring charges and usage associated with wireless broadband services
- ☐ Monthly recurring charges and usage charges associated with text messaging services
- ☐ Monthly recurring charges associated with voice mail services
- ☐ Monthly recurring charges and usage associated with applications such as games, music, navigation, etc.
- ☐ Revenue associated with handsets, handset accessories, tablets, tablet accessories and any other equipment sold
- ☐ Roadside assistance
- ☐ Late payment fees
- ☐ Other _____

Signed by Company Officer: _____

_____
(Type or Print Name and Title)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

_____
(Notary Public)
My Commission Expires: _____

SDCL 49-1-9.1. Providing false or misleading information to commission as misdemeanor. No person may knowingly provide false or misleading information to the commission in response to, or in compliance with, any statute, order, tariff, rule, direction, demand, or requirement of the commission. A violation of this section is a Class 1 misdemeanor. Each separate act of providing false or misleading information pursuant to this section constitutes a separate offense. This penalty is in addition to any other authorized penalties.

For Official Use Only Date Received: _____ Amount: _____Check No: _____